

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Prince, B. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 16:15		Facility: LEW

Exam:

Large amount of urine noted on bed and IM clothing.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:**Other:**

IM offered cup of water. He declined. I advised him of the risk of dehydration. He still declined. I advised him if he did not take oral fluids, IV fluids may be necessary.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Plan of Care	Prince, B.	Attentive

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 17:03

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Race:	BLACK
Encounter Date:	06/23/2010 16:15	Provider:	Prince, B. EMT-P
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:28.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1974	Sex: M Race: BLACK
Encounter Date: 06/23/2010 14:50	Provider: George, Gregory EMT-P Facility: LEW

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: George, Gregory EMT-P

Chief Complaint: No Complaint(s)

Subjective: 4 point restraint check

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	14:08 LEW	Refused			George, Gregory EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	14:08 LEW	16	George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), Alert and Oriented x 3 (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States fuck off" no complaints voiced 0/10 pain, appears well.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	No Participation

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 06/23/2010 13:50	Provider: George, Gregory EMT-P
	Race: BLACK
	Facility: LEW

Copay Required: No Cosign Required: Yes
Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 14:11
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name	HILL, DAVID	Reg #	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	06/23/2010 13:50	Provider	George, Gregon, EMT-P
		Race	BLACK
		Facility	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:24.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1974	Provider: George, Gregory EMT-P	Race: BLACK
Encounter Date: 06/23/2010 12:06		Facility: LEW

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** George, Gregory EMT-P

Chief Complaint: No Complaint(s)
Subjective: 4 point restraint check 1200
Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:
Onset:
Duration:
Exacerbating Factors:
Relieving Factors:
Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	12:00 LEW	Refused			George, Gregory EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	12:00 LEW	18	George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), Alert and Oriented x 3 (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States Fuck you do not come in here no complaints voiced 0/10 pain, appears well.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	Verbalizes Understanding

Inmate Name: HILL, DAVID	Reg.#: 12585-007	
Date of Birth: 05/16/1971	Sex: M	Race: BLACK
Encounter Date: 06/23/2010 12:06	Provider: George, Gregory EMT-P	Facility: LEW

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 12:10

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/23/2010 12:06	Provider:	George Gregory EMT-P
		Race:	BLACK
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:20.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 06/23/2010 06:10	Provider: George, Gregory EMT-P
	Race: BLACK
	Facility: LEW

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** George, Gregory EMT-P

Chief Complaint: No Complaint(s)

Subjective: 4 point restraint check 0600

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	09:16 LEW	74	Radial	Regular	George, Gregory EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	09:16 LEW	16	George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Skin

General

Dry (yes), Warmth (yes)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

Peripheral Vascular

Arms

Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

ASSESSMENT:

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Race: BLACK
Encounter Date: 06/23/2010 06:10	Facility: LEW
Sex: M	Provider: George, Gregory EMT-P

No Significant Findings/No Apparent Distress

Restraint check preformed, no complaints offered 0/10 pain, Strong pulses bilateral. Cap refill less the 2 seconds

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Counseling	Access to Care	George, Gregory	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 09:19

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg#:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/23/2010 06:10	Race:	BLACK
		Provider:	George, Gregory EMT-P
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/23/2010 00:01		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Potter, L. EMT-P

Chief Complaint: Other Problem .

Subjective: 4 point restraints

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/23/2010	00:01 LEW	64	Radial	Regular	Potter, L. EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/23/2010	00:01 LEW	14	Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

Affect

Irritable (yes)

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem..

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 06/23/2010 00:34 by Potter, L. EMT-P		Bureau of Prisons - LEW		Page 1 of 2

Inmate Name	HILL, DAVID	Reg#	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	06/23/2010 00:01	Race	BLACK
		Provider	Potter, L. EMT-P
		Facility	LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/23/2010	Not Done		Potter, L.	No Participation

Copoly Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/23/2010 00:34

Requested to be cosigned by: Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg. #	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/23/2010 00:01	Provider:	Potter, L EMT-P
		Race:	BLACK
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 20:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Potter, L. EMT-P

Chief Complaint: Other Problem

Subjective: 4 point restraints

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	20:00 LEW	74	Radial	Regular	Potter, L. EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	20:00 LEW	14	Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

Affect

Irritable (yes)

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem.. Ate evening meal with 8oz H2O @ 1800.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Generated 06/22/2010 20:41 by	Potter, L. EMT-P	Bureau of Prisons - LEW		Page 1 of 2

Inmate Name: HILL, DAVID	Reg.#: 12585-007
Date of Birth: 05/16/1974	Race: BLACK
Encounter Date: 06/22/2010 20:00	Facility: LEW
Sex: M	
Provider: Potter, L. EMT-P	

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Counseling	Safety/Injury Prevention	Potter, L.	Needs Reinforcement
The need to drink H2O.				

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 20:41

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg. #	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/22/2010 20:00	Provider:	Potter, J.L. EMT-P
		Race:	BLACK
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:07.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 17:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Potter, L. EMT-P

Chief Complaint: Other Problem

Subjective: 4 Point restraints

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/22/2010	17:00 LEW	76	Radial	Regular	Potter, L. EMT-P

Respirations:

Date	Time	Rate Per Minute	Provider
06/22/2010	17:00 LEW	14	Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely Ill (no)

Affect

Agitated (yes)

No obvious signs of trauma or dehydration noted. Good CAP refill in all Extrem.. Verbalized no medical complaints. I/M refused H2O when offered.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
Generated 06/22/2010 19:24		Bureau of Prisons - LEW		Page 1 of 2

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Race: BLACK
Encounter Date: 06/22/2010 17:00		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Counseling	Safety/Injury Prevention	Potter, L.	No Evidence of Learning

The need to drink H2O.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 19:24

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg. #:	12585-007
Date of Birth:	05/16/1971	Provider:	Potter, L EMT-P	Race:	BLACK
Encounter Date:	06/22/2010 17:00			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:06.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Walls, Bryan EMT-P

Chief Complaint: Other Problem

Subjective: I/M was the subject of a Calculated Use of Force. On arrival of the team, he submitted to restraints and was removed from the cell. He was taken to the shower area, stripped, and visually searched. He was then re-dressed and ambulatory restraints were applied. I/M was escorted to Z-024 where he was placed supine in 4-pt restraints. Circulation and motor function were checked and found to be intact distal to the restraints after application. I/M offered no medical complaints and did not sustain any injuries during this Calculated Use of Force.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	14:45 LEW	84	Radial	Regular	Walls, Bryan EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	14:45 LEW	16	Walls, Bryan EMT-P

Exam:

General

I/M supine, AA&O; NAD; airway patent w/ adequate resps; skin normal color, warm, dry; MAE w/ purpose & coordination, Cap refill in finger tips <3 sec; (+) radial pulses; (+) dorsalis pedis pulses x2; No obvious injuries noted.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Initiate restraint checks

Patient Education Topics:

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Not Done		Walls, Bryan	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Walls, Bryan EMT-P on 06/22/2010 16:11

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg.#:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	06/22/2010 14:45	Provider:	Walls, Bryan EMT-P
		Race:	BLACK
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:04.

Attachment I

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name	HILL, DAVID	Reg.#	12585-007
Date of Birth	05/16/1971	Race	BLACK
Note Date	09/16/2010 09:00	Provider	Alama, F. MLP
		Facility	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Alama, F. MLP

Inmate handed a empty canister for refill of Albuterol Inhaler. Submitted to Pharmacy for renewal. There was 2 refills left on the label. Notified Chief Pharmacist.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Alama, F. MLP on 09/16/2010 14:18

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.